



**HOSE** (Division of Ability Industrial Supply Co. Ltd.)  
Bay 1, 5940 30 St. S.E. Calgary, AB, Canada T2C 1X8  
Phone: 403-720-3770 Fax: 403-720-3774  
**CREDIT APPLICATION**

**COMPANY NAME:** \_\_\_\_\_ **DATE :** \_\_\_\_\_

**YEAR ESTABLISHED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

\_\_\_\_\_ **FAX:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

\_\_\_\_\_ **FAX:** \_\_\_\_\_

**AMOUNT OF CREDIT REQUESTED:** \_\_\_\_\_

**A/P MANAGER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

\_\_\_\_\_ **FAX:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_

**LIMITED COMPANY** ( ) **PARTNERSHIP** ( ) **SOLE OWNER** ( ) **OTHER** ( )

**OWNER(S) OF COMPANY FULL NAME AND ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**BUSINESS BANK NAME AND LOCATION:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**TRADE REFERENCES (TRADE SUPPLIES ONLY) MUST INCLUDE ADDRESS & FAX NUMBER:**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

**IN ORDER TO HELP US SERVE YOU BETTER PLEASE PROVIDE THE FOLLOWING:**

**PURCHASE AGENT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TERMS OF CREDIT**

NET 30 DAYS (FROM DATE OF INVOICE)

INTEREST OF 2% PER MONTH (24% PER ANNUM) WILL BE CHARGED ON OVER DUE INVOICES

**I AUTHORIZE ABILITY INDUSTRIAL SUPPLY TO DO ANY CREDIT AND BANK CHECKS THEY REQUIRE.**

**AUTHORIZED COMPANY REPRESENTATIVE (PLEASE PRINT)** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_